

CHESTER BASEBALL REGISTRATION

Players Name: _____ DOB: _____ Age: _____

Elementary School District: _____ Current School: _____

Food Allergies: _____ Grade: _____ Years Played/Experience: _____

Parent Name: _____ Home/Cell: _____

Email: _____

Parent Name: _____ Home/Cell: _____

Email: _____

Street Address: _____ City _____ Zip: _____

Shirt/Jersey Size: _____ Jersey Number Choices: 1st _____ 2nd _____ 3rd _____

Jersey Number From Previous Year and Team: _____

I WOULD LIKE TO ASSIST THE TEAM: () HEAD COACH () ASST. COACH () SCOREKEEPER () TEAM MOM

COACHES SHIRT SIZE: _____

PARENTS and/or LEGAL GUARDIANS AGREE TO THE FOLLOWING:

-I/WE GIVE MY/OUR APPROVAL FOR MY/OUR CHILD TO PARTICIPATE IN ANY AND ALL LEAGUE ACTIVITIES.

-I/WE ASSUME ALL RISKS AND HAZARDOUS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS CHESTER ATHLETIC ASSOCIATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR SON/DAUGHTER.

-I HAVE READ THE CODE OF CONDUCT AND UNDERSTAND SAID DOCUMENT.

-I/WE WILL FURNISH A BIRTH CERTIFICATE OR OTHER PROOF OF BIRTH FOR ABOVE NAMED ATHLETE.

-I/WE AGREE TO RETURN ALL UNIFORMS AND OTHER EQUIPMENT ISSUED TO MY/OUR SON OR DAUGHTER IN AS GOOD A CONDITION AS WHEN WE RECEIVED IT EXCEPT FOR NORMAK WEAR AND TEAR. IF I/WE FAIL TO TURN IN ALL EQUIPMENT AND OR UNIFORMS ISSUED. I/WE WILL HAVE TO PAY THE REPLACEMENT COST FOR THE ITEM OR BE SUBJECT TO CRIMINAL AND/OR CIVIL PROSECUTION.

-I/WE AGREE TO PAY THE REGISTRATION FEE AND PURCHASE AND UNIFORM THAT MAY BE REQUIRED TO PARTICIPATE. I/WE UNDERSTAND THAT FAILURE TO PAY MAY RESULT IN THE SUSPENSION OF ATHLETIC ACTIVITY FOR MY CHILD FROM THEIR TEAM UNTIL THE BALANCE IS PAID. ALL RETURNED CHECKS WILL BE ASSESSED A \$35 FEE.

SIGNATURE(S) SIGNIFIES UNDERSTANDING OF THE AGREEMENT TO ALL DUES, FEES, AN DUTIES ASSOCIATED WITH/FOR CHESTER ATHLETIC ASSOCIATION.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

CHECKS PAYABLE TO: CHESTER ATHLETIC ASSOCIATION

REGISTRATION \$ _____ UNIFORM \$ _____ AMOUNT PAID \$ _____

(CASH) (CHECK # _____) (CARD LAST4: _____)